

Village of Wappingers Falls Police Department

Emergency Watch Program

Please Complete and mail this form to:
 Village of Wappingers Falls Police Department
 Attn: Police Commissioner
 2628 South Ave, Wappingers Falls, NY 12590

Date:

Resident Information

Name:		
Street Address:		
City	State	Zip code
Home Phone Number	Cell Phone Number	
Pets ___ Yes ___ No Type and Location:		
Resident is able to walk ___ Yes ___ No List physical impairments:		
Resident lives alone ___ Yes ___ No If no, list names of Co-Residents: _____		
Medical Conditions:		
Doctor's Name	Doctor's Phone Number	

Primary Contact Person

Name	Relationship	
Street Address		
City	State	Zip Code
Home Phone	Cell Phone	Work Phone
Key Holder ___ Yes ___ No		

Alternate Contact Person

Name	Relationship	
Street Address		
City	State	Zip Code
Home Phone	Cell Phone	Work Phone
Key Holder ___ Yes ___ No		

If you have any question, please call the Village of Wappingers Falls Police Commissioner at 845-297-1011